Delaware Valley Academy of Veterinary Medicine 2026-2027 Seminar Series Registration Form
STATUS: NEW_☐_____ RENEW _☐_____ NO CHANGES TO PREVIOUS INFORMATION _☐_____
SEMINARS WILL BE IN-PERSON AND WILL BE SIMULCASTED VIA OUR MICROSOFT TEAMS PLATFORM.

Please complete and submit this form by Monday 5:00pm before the Wednesday seminar. We request that you use our online credit card payment system. **Please register in advance, even if you are planning to attend in person, so that we can email you the seminar handout.**
NOTE: Digital handouts will be emailed to you before the seminar and are on our website.

Name_____ Primary State License #_____

Home Address_____

City_____ State_____ Zip_____

Hospital/Organization Name_____

Business Address _____

City_____ _____State_____ Zip_____

Office Phone _____ Cell Phone _____

Mailings to: Home_☐_ Office_☐__ Veterinary School _____ Year Graduated _____

E-mail Address (required) _____

Checks are made payable to: DVAVM, P.O. Box 710477, Herndon, VA 20171; Phone: 434-291-5452
Fax: 703-742-8745; Website: delawarevalleyacademyvm.org;
Email: admin@delawarevalleyacademyvm.org
Your cancelled check is a valid receipt. If additional receipt is required for reimbursement, check here ☐

FEES: Series Registration Before / After August 23 VET=$450 / $490; TECH=$150 / $175
FT Student in Accredited Veterinary College / Accredited Tech Program **=** No charge
Veterinarian Recent Graduate Rate $175: Graduate After 1/1/2021
VETERINARIAN SINGLE SEMINAR FEE =$160.00; TECH SINGLE SEMINAR FEE = $40.00
IF PAYING BY CREDIT CARD USING OUR WEBSITE PAYMENT SYSTEM, DO NOT COMPLETE BELOW.
If you're not using our online payment system, please complete the following (please print):

Charge my credit card $_____ Acct# _____

Exp. Date _____ 3 Digit (4 Digit for AmEx) Security Code _____

Name _____

Credit Card Billing Address: _____

City _____ State_____ Zip_____